Letters to the Editor


To the Editor:

We commend Fazal et al. for their recent publication on the presence of the nerve root sedimentation sign (SedSign) in patients undergoing posterior lumbar decompression surgery for lumbar spinal stenosis (LSS) [1]. However, a serious problem occurs when conclusions about imaging are drawn from a sample that was preselected for having imaging abnormalities, as occurs in this study. The authors found a positive SedSign in 89.5% of all operated levels, which is comparable with the 94% of patients with a positive SedSign in the highly specific patient sample from the original study by Barz et al. [1,2]. In a recently published study by Macedo et al. [3], only 54% of patients with LSS had a positive SedSign. Other studies by Barz et al. [4] and Tomkins-Lane et al. [5] also demonstrate a much lower rate of LSS patients with a positive SedSign in the studies by Barz et al. [1] and Tomkins-Lane et al. [5], compared with the findings from Fazal et al. [1], may be the result of case selection bias in the study by Fazal et al., selecting those patients with severe LSS. The authors conclude that the SedSign “is most often present in patients who have clinically significant lumbar stenosis and require surgery” [1], p. 837. This conclusion cannot be drawn from the study by Fazal et al. [1], which does not comprise a control group. The SedSign should not be considered as a marker for severe LSS. Being sensitive in cases of severe LSS only is a potential limitation of the SedSign. The sign may, however, be related to treatment outcomes of patients with LSS [6]. Further research is required to investigate whether the SedSign predicts treatment outcomes.

References


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Interaction of potential risk factors for cancer

To the Editor:

In their analysis of publicly available data from a randomized, controlled trial of high-dose recombinant human bone morphogenetic protein-2 (rhBMP-2; AMPLIFY) in spinal arthrodesis, Carragee et al. [1] scrutinized incident cases of malignancies and found a higher risk of cancer among rhBMP-2 recipients than subjects in whom autologous iliac crest bone graft was used. The estimated incidence rate ratios were imprecise (ie, wide confidence intervals) because of small numbers, but the results were...